



### III. **Scope of Work and Deliverables:**

The Local Health Department (LHD) will provide essential public health services to control communicable disease in their community. Services provided will include surveillance, investigation, reporting, prevention and control measures. To ensure the effective delivery of these services, the LHD shall:

#### 1. **Provide timely investigation of case reports**

Upon receiving notification of a reportable communicable disease or condition, the LHD will assure prompt investigation and timely reporting to the North Carolina Division of Public Health (DPH) via the North Carolina Electronic Disease Surveillance System (NC EDSS) and the North Carolina COVID-19 Surveillance System (NC COVID). Documentation of case investigation must be completed in NC EDSS and NC COVID within 30 days from initial notification of the reportable disease or condition.

#### 2. **Designate staff to deliver communicable disease control services, including surveillance, investigation, reporting, prevention, and control measures**

The LHD will maintain a minimum of two public health nurses with communicable disease program responsibilities who are appropriately trained as described in Paragraph 3 below. If the LHD does not meet these staffing requirements, they must contact their Regional CD Nurse Consultant to discuss what other options are available for the LHD to maintain appropriate staffing.

#### 3. **Ensure designated staff is appropriately trained in communicable disease control**

- a. Within one year of employment, every public health nurse with responsibility for communicable disease surveillance and investigation will complete the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course offered by the Technical Assistance and Training Program (TATP) of the CDB and pass the course exam with 80% or better. Attendance and participation in the Annual Communicable Disease conference and at least two trainings (e.g., webinars, on-site training) sponsored or supported by the CDB is a required component of the course. Public health nurses assigned to communicable disease investigation in a primary or backup role will be oriented to the role of Communicable Disease Nurse by a Regional TATP Nurse Consultant utilizing the current Communicable Disease Orientation. LHDs will schedule an orientation with the Regional TATP Nurse Consultant within three months of assignment of a new primary or backup Communicable Disease Nurse.
- b. Public health nurses assigned to the primary role of communicable disease are encouraged to incorporate additional training relevant to communicable disease into their continuing education plans, including attending the annual Communicable Disease conference, joining CDB/LHD conference calls, and attending other CDB and CDC webinars.

#### 4. **Use the North Carolina Electronic Disease Surveillance System (NC EDSS) and the North Carolina COVID-19 Surveillance System (NC COVID)**

Surveillance reports received under the authority of GS 130A-41 and 10A NCAC 41A .0101 must be investigated and reported using NC EDSS and NC COVID. To become authorized users of NC EDSS and NC COVID, LHD staff must receive training provided by DPH to assure the preservation of reported data and protect the confidentiality of records. Additional training is required to use NC EDSS for tuberculosis (TB) reporting and HIV/Syphilis. LHD agrees to the following related to NC EDSS and NC COVID:

- a. LHD must have a minimum of two staff who have attended and completed DPH provided NC EDSS and NC COVID training.
- b. LHD must have a minimum of two staff members who are currently “active users” (i.e., the ability to log into the NC EDSS and NC COVID system has not been deactivated) who can

access all disease areas within NC EDSS (i.e., STD, CD, VPD, and TB areas) and NC COVID. Access may be split among multiple users provided that two users have access to each disease area.

- c. LHD must designate at least one registered nurse to be responsible for monitoring all STD, Communicable Disease, and COVID-19 events via regular review of NC EDSS and NC COVID events and workflows. This nurse must be trained in NC EDSS and NC COVID and be knowledgeable of the currently published North Carolina Communicable Disease Manual and the North Carolina Sexually Transmitted Disease Manual.
  - d. LHD agrees to monitor and manage workflows in a timely manner. During normal workdays the workflows should be monitored at least twice daily. For weekends and holidays the LHD must have procedures in place to address high-profile diseases. The LHD must have updated after-hours contact information available to the state for emergent or high-profile disease issues.
  - e. LHD agrees to enter all paper laboratory reports and physician reports in NC EDSS and NC COVID, in a timely manner. **Reports for patients outside the jurisdiction of the LHD should be entered into NC EDSS and NC COVID then transferred electronically to the appropriate jurisdiction.** (Reports will not be mailed, faxed or emailed.)
  - f. LHD will ensure that all NC EDSS and NC COVID users have their own accounts as sharing of NC EDSS and NC COVID user account information (such as username and password) is strictly prohibited. Additionally, all users must have functioning LHD email accounts so they can receive system updates distributed via email. The LHD will submit requests for changes to its users' access to NC EDSS and NC COVID by emailing the NC EDSS Help Desk at [NCEDSSHelpDesk@dhhs.nc.gov](mailto:NCEDSSHelpDesk@dhhs.nc.gov). (DPH administers NC EDSS and NC COVID, which includes the creation of new user accounts, disabling user accounts, and deleting user accounts.)
  - g. LHD agrees to notify DPH immediately when a user no longer needs access to NC EDSS and NC COVID by emailing the NC EDSS Help Desk at [NCEDSSHelpDesk@dhhs.nc.gov](mailto:NCEDSSHelpDesk@dhhs.nc.gov). Reasons for no longer needing NC EDSS and NC COVID access are through attrition or a transfer to a position unrelated to Communicable Disease or STD surveillance. DPH reserves the right to disable the accounts of users who are unable to demonstrate competency using NC EDSS and NC COVID software.
  - h. LHD shall ensure that its NC EDSS and NC COVID users will access these systems only from work computers in work offices, during normal business hours, as NC EDSS and NC COVID contains protected health information. If an exception to these expectations is needed, the LHD employee must have prior written approval from his or her manager, must use a work-supplied encrypted device, and must follow the data security and confidentiality requirements of the LHD. Using NC EDSS and NC COVID on a public wireless network is always prohibited.
- 5. Examine, investigate, and control rabies, per NCGS 130A-41(b)(10)**  
LHD clinical staff will provide guidance to persons, utilizing the North Carolina Rabies Public Health Program Manual ([epi.publichealth.nc.gov/cd/lhds/manuals/rabies/toc.html](http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/toc.html)) pertaining to:
- a. Rabies pre-exposure immunization
  - b. Human rabies risk assessment
  - c. Rabies post-exposure prophylaxis in persons
- 6. Maintain a collaboration agreement with Animal Control (AC) and any other agencies that are partners in rabies control and prevention.** These agreements will require the partner agencies to:
- a. Promptly notify the LHD about all animals submitted to the State Laboratory of Public Health (SLPH) for rabies testing.

- b. Promptly notify the LHD about the SLPH's rabies testing results to ensure that human rabies risk assessments are done in a timely manner by a healthcare professional.
  - c. Have its representatives attend a meeting with the LHD, at least annually, about rabies control and prevention matters.
  - d. Have a rabies plan which includes details outlining the roles and responsibilities of animal control agencies in preventing and controlling rabies and the communication plan for information sharing among animal control staff and the LHD.
7. **Maintain a rabies prevention and control policy incorporating procedures for rabies pre-exposure immunization; human rabies risk assessment; rabies post-exposure prophylaxis in people; and for collaboration among the LHD, AC, and other agencies that partner in rabies control and prevention.** This policy must include the details outlined in Paragraphs 5 and 6. An electronic copy of this policy shall be provided to the Regional Communicable Disease Nurse Consultant upon request.
  8. **Maintain an infection control program** which shall include a written infection control policy per 10A NCAC 41A .0206 (b) and the designation of a registered nurse who has completed approved infection control training to direct infection control activities. (Information about the Infection Control Curriculum for Outpatient Settings is available at <https://spice.unc.edu/courses/0206/>. The LHD will make proof of training and the infection control policy electronically available to the Regional TATP Nurse Consultant upon request. If the designated trained registered nurse leaves the employment of the LHD, the LHD shall ensure another registered nurse is designated and trained as required above.

#### **IV. Performance Measures / Reporting Requirements:**

1. **Performance Measure #1:** Days taken to complete each investigation and submit to DPH.  
**Reporting Requirements:** Document disease investigations in NC EDSS and NC COVID and reassign disease events to the State Disease Registrar within 30 days of notification of a reportable communicable disease or condition. Follow North Carolina Communicable Disease Manual Guidelines for NC EDSS and NC COVID documentation.
2. **Performance Measure #2:** Completing the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course within one year of employment as an LHD Communicable Disease nurse.  
**Reporting Requirements:** Provide the names of nurses, their dates of hire into the communicable disease position, and dates they have completed the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course and successfully passed the exam.
3. **Performance Measure #3:** Completion of NC EDSS and NC COVID Training.  
**Reporting Requirements:** Provide names, email addresses, and telephone numbers of nurses and dates that have completed the NC EDSS and NC COVID training to the Regional TATP Nurse Consultant by December 1, 2023 and upon request.
4. **Performance Measure #4:** Appropriate Policies on Disease Surveillance, Investigation, and NC EDSS and NC COVID.  
**Reporting Requirements:** Provide the Regional TATP Consultant with an electronic copy of Disease Surveillance, Disease Investigation, and NC EDSS and NC COVID Reporting Policies by December 1, 2023 and upon request.

5. **Performance Measure #5:** Polices and relevant Inter-Agency Agreements (animal control, law enforcement, shelters, etc.) on rabies.

**Reporting Requirements:** Provide the Regional TATP Nurse Consultant with an electronic copy of the Rabies Pre-Exposure Immunization policy and the Human Rabies Risk Assessment and Post Exposure Prophylaxis Administration policy as well as any Inter-Agency Agreements by December 1, 2023.

**V. Performance Monitoring and Quality Assurance:**

1. The Technical Assistance and Training Program within the Medical Consultation Unit of the Communicable Disease Branch will assign a Regional TATP Nurse Consultant to advise the LHD on all aspects of a Communicable Disease Program. The map of Communicable Disease Regional Nurse Consultants assignments can be found under the “Technical Assistance & Training Program” link in the online *North Carolina Division of Public Health Communicable Disease Manual*, located at <https://epi.publichealth.nc.gov/cd/lhds/manuals/cd/toc.html>.
2. The Regional TATP Nurse Consultant will conduct an on-site assessment of the LHD Communicable Disease Program at least once every three years. In years where no site visit is made, the most recent site visit report and the following tools will be used to assess compliance:
  - a. Review of NC EDSS and NC COVID data, including reports, workflows, and disease events
  - b. Annual review of the training status for those LHD Communicable Disease Control staff who are accessing NC EDSS and NC COVID as users
  - c. Annual review of the LHD public health nurses’ training status to ensure the completion of the Introduction to Communicable Disease Surveillance and Investigation Course
  - d. Annual review of LHD policies on Communicable Disease Surveillance, Investigation, and reporting in NC EDSS and NC COVID
  - e. Annual review of the Rabies Pre-Exposure Immunization policy, the Human Rabies Risk Assessment and Post Exposure Prophylaxis Administration policy, and any Inter-Agency Agreements.
3. If the LHD is deemed out of compliance, program staff shall provide technical assistance to bring the LHD back into compliance with deliverables. If technical assistance does not prove beneficial, the CDB will issue a letter of non-compliance and the LHD may lose access to NC EDSS and NC COVID. Noncompliance with this agreement will result in a reduced capacity for the LHD to detect and control communicable disease in their community.

**VI. Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with 2 *CFR* §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is

needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.